

# UNITED STATES COURT OF APPEALS

District of Columbia Circuit

## DOCKETING STATEMENT

*Administrative Agency Review Proceedings*  
(To be completed by appellant/petitioner)

1. CASE NO. \_\_\_\_\_ 2. DATE DOCKETED \_\_\_\_\_

3. CASE NAME  
(lead parties only) \_\_\_\_\_ v. \_\_\_\_\_

4. TYPE OF CASE: ☐ Review ☐ Appeal ☐ Enforcement ☐ Complaint

5. IS THIS CASE REQUIRED BY STATUTE TO BE EXPEDITED? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, cite statute: \_\_\_\_\_

6. CASE INFORMATION:

a. Identify agency whose order is to be reviewed: \_\_\_\_\_

b. Give agency docket or order number(s): \_\_\_\_\_

c. Give date(s) of order(s): \_\_\_\_\_

d. Is a request for rehearing or reconsideration pending at the agency? YES \_\_\_\_\_ NO \_\_\_\_\_

e. Are any other cases involving the same underlying agency order pending in this Court or in any other Court? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, identify name(s), docket number(s), and court(s):

\_\_\_\_\_  
\_\_\_\_\_

f. Are any other cases, to counsel's knowledge, pending before the agency, this Court or the Supreme Court which involve *substantially the same issues* as the instant case presents? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, give name(s) and number(s) of these cases and identify court/agency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Counsel or *Pro Se* Litigant (Print) \_\_\_\_\_

Firm \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Counsel for Appellant/Petitioner (Name of Party) \_\_\_\_\_

\_\_\_\_\_

### ATTACH A CERTIFICATE OF SERVICE

**Note:** If counsel for any other party believes that the information submitted is inaccurate or incomplete, counsel may so advise the Clerk within 10 days by letter, with copies to all other parties, specifically referring to the challenged statement. An original and three copies of such letter should be submitted.